CLAIMS ONLY

Application Number 10-664952 **Filing Date** 4-27-05

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep.	Depend.	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	1						51						
							52						
							53						
							54						
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7		1					57						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend	3						Total Depend						
Total Claims	4						Total Claims						